

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M66032

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: D & D ENTERPRISES OF SANFORD, INC.

**Current Principal Place of Business:**

2334 RIVER TREE CIR.  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

2334 RIVER TREE CIR.  
SANFORD, FL 32771 US

**New Mailing Address:**

FEI Number: 59-2869260      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHANNON, DYKE E  
2334 RIVER TREE CIR  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHANNON, DYKE E  
Address: 2334 RIVER TREE CIR  
City-St-Zip: SANFORD, FL 32771

Title: VP ( ) Delete  
Name: SHANNON, STACI  
Address: 1515 MINUTEMEN CAUSEWAY #4  
City-St-Zip: COCOA BEACH, FL 32931

Title: VP/S ( ) Delete  
Name: SHANNON, DEBORAH L  
Address: 2334 RIVERTREE CIR  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SHANNON, STACI  
Address: 4 PALMER AVE  
City-St-Zip: CROTON ON HUDSON, NY 10520

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DYKE SHANNON

P

01/19/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date